Women/Maternal Health

State Action Plan Table (Oregon) - Women/Maternal Health - Entry 1

Priority Need

High quality, culturally responsive preconception, prenatal and inter-conception services

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

By October 1, 2025 increase the percent of women with a past year preventive medical visit from 70.8% to 76.0%, through improved accessibility, quality, and utilization.

Strategies

Provide case management to improve utilization of well woman care

Use traditional and social marketing to educate the population and promote well woman care

Provide education/training on preconception/inter-conception and well woman care for health care providers.

Support access to well woman care through Family Planning Clinics

Promote use of the postpartum health care visit to increase utilization of well-woman visits

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Perinatal/Infant Health

State Action Plan Table (Oregon) - Perinatal/Infant Health - Entry 1
Priority Need
Improved lifelong nutrition
NPM
NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Objectives
By October 1, 2025 increase the percent of infants who are ever breastfed from 93.5% to 94.1%; and increase the percent of infants breastfed exclusively through 6 months from 31.6% to 32.8%.
Strategies
Evaluate breastfeeding evidence-informed strategies for policy, system and environmental change impact
Provide technical assistance to local Title V grantees implementing strategies to support breastfeeding in their communities.
Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding.
Fill unmet needs for peer support of breastfeeding.
Educate pregnant women about breastfeeding.
Increase workforce support for breastfeeding through training and access to high quality services.
Increase access to workplace breastfeeding support.
Increase the support of breastfeeding at childcare settings through policy, training and workforce development.
NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Oregon) - Child Health - Entry 1
Priority Need
Safe and supportive environments
NPM
NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
Objectives
By October 1, 2025, decrease the rate of hospitalization of 0 to 9 year old children for non-fatal injuries from 127.1 to 117, by addressing upstream drivers of child injury.
Strategies
Develop a cross-cutting injury prevention team to address upstream drivers of child injury, and link to work across population domains.
Develop evidence-based/informed strategies and measures for Oregon's Title V child injury work - including strategies that address upstream drivers of maternal, child and adolescent health. Engage local Title V grantees and family and community representatives in the process.
Develop and adopt a logic model for Oregon's cross-cutting child injury prevention Title V work.
Begin implementation and tracking of state level strategies for child injury prevention.
Provide technical assistance to Title V grantees on injury prevention strategies and measures, to inform local level Title V priority selection and planning.
Review local grantee annual plans and provide TA on implementing injury prevention strategies beginning July 2021..
Begin implementation of local level injury prevention strategies and tracking of outcomes.
NOMs
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Adolescent Health

State Action Plan Table (Oregon) - Adolescent Health - Entry 1
Priority Need
Stable and responsive relationships; resilient and connected children, youth, families and communities.
NPM
NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others
Objectives
By October 1, 2025, decrease the percentage of adolescents age 12-17 who bully others from 16.3% to 15.3%, and decrease the percentage of those who are bullied from 47.9% to 45.4%.
Strategies
Determine state ASH staffing for the bulling prevention/positive youth development priority, and begin to collaborate with the cross-cutting injury prevention team to address upstream drivers of bullying, and link to work across population domains.
Develop evidence-based/informed strategies and measures for Oregon's Title V bullying prevention work - including strategies that address upstream drivers of bullying and positive youth development. Engage local Title V grantee,s as well as youth and community representatives in the process.
Develop and adopt a logic model for Oregon's bullying prevention/positive youth development work.
Begin implementation and tracking of state level strategies for bullying prevention/positive youth development.
Provide technical assistance to Title V grantees on bullying prevention/positive youth development strategies and measures to inform local level Title V priority selection and planning.
Review local grantee annual plans and provide TA on implementing bullying prevention/positive youth development.strategies beginning July 2021.
Begin implementation of local level injury prevention strategies and tracking of outcomes.
NOMs
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Children with Special Health Care Needs

State Action Plan Table (Oregon) - Children with Special Health Care Needs - Entry 1
Priority Need
High quality, family-centered, coordinated systems of care for children and youth with special health care needs
NPM
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Objectives
By September 2025, 40% of shared care plans will have a representative of primary care help LPHAs prepare for or participate in shared care planning meetings
Strategies
Strategy 11.1: We will improve access to family-centered, team-based, cross-systems care coordination* for CYSHCN and their families through workforce development and financing activities.
NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Oregon) - Children with Special Health Care Needs - Entry 2

Priority Need

High quality, family-centered, coordinated systems of care for children and youth with special health care needs

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

By 2025, 60% of young adults with medical complexity (YAMC) or their families enrolled in transfer of care intervention will participate in their scheduled preparation appointments.

Strategies

Strategy 12.1. We will increase the number of YSHCN and their families who receive information about transition to adult health care from their providers through family-informed workforce development, quality improvement, systems incentives, and family awareness activities.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Cross-Cutting/Systems Building

State Action Plan Table (Oregon) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Stable and responsive relationships; resilient and connected children, youth, families and communities.
SPM
SPM 1 - A) Percentage of new mothers who experienced stressful life events before or during pregnancy B) Percentage of mothers of 2 year olds who have adequate social support
Objectives
By October 1, 2025 decrease exposure to toxic stress/trauma and ACES and build foundations for resilience as measured by: a decrease from 44.8% to 38.0% in the percentage new mothers who experienced stressful life events before or during pregnancy; and an increase from 92.5% to 95.5% in the percentage of mothers of two year old children who have adequate social support.
Strategies
Provide technical assistance to local Title V grantees implementing toxic stress, trauma, ACES and resilience work in their communities.
Promote family friendly policies that decrease stress and adversity for all parents, and/or increase economic stability.
Provide outreach and education to increase understanding of NEAR (neurobiology, epigenetics, ACEs and resilience) science, and the impact of childhood adversity on lifelong health.
Engage partners to build capacity for safe, connected, equitable and resilient communities.
Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions.
Develop trauma-informed workforce, workplaces, systems, and services.
Strengthen protective factors for individuals and families through support for programs that: build parent capabilities, social and emotional competence, supportive/nurturing relationships; and foster connection to community, culture, and spirituality.
OCCYSHN will promote trauma-informed care for CYSHCN and their families by incorporating a family-informed, trauma-informed lens to workforce development activities.

State Action Plan Table (Oregon) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Improved health equity and reduced MCAH disparities

SPM

SPM 2 - A) Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to their family's values and customs B) Percentage of new mothers who have ever experienced discrimination while getting any type of health or medical care

Objectives

By October 1, 2025 improve cultural and linguistic accessibility of MCAH services as measured through an increase from 94.0% to 95.2% in the percentage of children age 0-17 who have a healthcare provider sensitive to their family's values and customs; and a decrease from 10.9% to 9.8% in the percentage of new mothers who have ever experienced discrimination while getting any type of health or medical care.

Strategies

Develop and improve organizational policy, practices, and leadership to promote culturally and linguistically responsive services (CLAS) and health equity.

OCCYSHN will improve CYSHCN and their families' access to culturally sensitive and responsive care through workforce development.

State Action Plan Table (Oregon) - Cross-Cutting/Systems Building - Entry 3

Priority Need

Enhanced social determinants of health

SPM

SPM 3 - A) Percent of children in low-income households with a high housing cost burden B) Percent of children living in a household that received food or cash assistance C) Percent of households with children < 18 years of age experiencing food insecurity

Objectives

By October 1, 2025, improve the social determinants of health of women, children, and families as measured by a decrease in the percentage of children living in low income households with a high rent burden from 68% to 63%; a decrease in the percentage of households with children that receive food or cash assistance from 42.3% to 41.3%; and a decrease in the percentage of households with children that are experiencing food insecurity from 19.2% to 18.7%.

Strategies

Develop a cross-cutting Title V priority team to address upstream drivers of maternal and child health, and link work across population domains and state priorities. The team will research, develop, adapt or adopt and overarching theory of change for the work.

Develop evidence-based/informed strategies and measures for Oregon's Title V social determinants of health and equity (SDOH-E) work - including strategies that address upstream drivers of maternal, child and adolescent health. Engage local Title V grantees; family and community representatives in the process.

Develop and adopt a logic model for Oregon's cross-cutting SDOH-E work.

Begin implementation and tracking of state level Title V strategies for SDOH-E.

Provide technical assistance to Title V grantees on SDOH-E strategies and measures to inform local level Title V priority selection and planning.

Review local grantee annual plans and provide TA on implementing SDOH-E strategies beginning July 2021.

Begin implementation of local level SDOH-E Title V strategies and tracking of outcomes.

OCCYSHN will increase access to needed care and supports through investigation of barriers that inhibit CYSHCN and their families' timely access, and develop family-informed activities to reduce or eliminate the barriers.